



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

ROBERT W. SWANSON
ACTING DIRECTOR

TITLE II OF THE AMERICANS WITH DISABILITIES ACT **COMPLAINT PROCESS NOTICE**

NOTICE REQUIREMENTS

All Title II governmental agencies or entities are required to post notice informing the public of its ADA responsibilities. "A public entity shall make available to applicants, participants, beneficiaries, and other interested persons information regarding the provisions of this part and its applicability to the services, programs, or activities of the public entity, and make such information available to them in such manner as the head of the entity finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this part" *28 CFR Section 35.106*.

28 CFR Section 35.106 requires a public entity to provide enough information to applicants, participants, beneficiaries, and other interested persons to inform them of the rights and protections they have under the ADA and this regulation. Methods of providing this information include, for example, the printing of the information in handbooks, manuals, and pamphlets that are provided to the public to describe a public entity's programs and activities; the display of informative posters in service centers and other public places; or the broadcast of information by television or radio.

COMPLAINT PROCESS REQUIREMENTS

In compliance with the ADA, the Department of Labor and Economic Growth (DLEG) has designated Myrtle Gregg-LaFay as the department ADA Coordinator. In addition, William Milzarski has been designated as the ADA Title II (access to programs and services) Coordinator. The ADA Coordinator will investigate any complaint it receives that the department, or an agency or office within the department, is not following the ADA, either by not providing services, or by actions that would be forbidden by the ADA. The Department will provide the name, office address, and telephone number of the designated ADA Coordinator to any person requesting this information. DLEG has adopted and will publish a complaint process that outlines fair and timely resolution of complaints claiming any action that would be prohibited by Title II of the ADA.



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**STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
NOTICE OF COMPLIANCE WITH
TITLE II OF THE
AMERICANS WITH DISABILITIES ACT**

The Michigan Department of Labor and Economic Growth does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. This notice is provided as required by Title II of the Americans with Disabilities Act (ADA) of 1990.

Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the designated ADA Title II Coordinator.

Name: William Milzarski
Title: ADA Title II Coordinator
Office Address: 201 North Washington Square, Suite 150
Lansing, MI 48913
Phone Number: 877-499-6232
TDD: 877-499-6232
E-Mail: MilzarskiW@Michigan.gov
Day / Hours available: Normal Business Hours

Individuals who need auxiliary aids for effective communication in programs and services of the Department of Labor and Economic Growth are invited to make their needs and preferences known to the ADA Coordinator.

This Notice is available in an alternative format from the Department ADA Coordinator.



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TITLE II OF THE AMERICANS WITH DISABILITIES ACT **COMPLAINT PROCEDURES**

PROCEDURES

The ADA Complaint procedure is designed to informally resolve conflicts with State agencies involving allegations of discrimination in access to state government programs, services, and benefits for persons with disabilities under Title II of the ADA.

Each state department has named a department/agency ADA Coordinator(s). The first person you should contact in this procedure is the ADA Coordinator in the division or department where you believe a problem has occurred under Title II of the ADA. The ADA Coordinator may assign (designate) another person in the department to work with you to resolve your complaint.

If you need assistance in filing or writing your complaint, the division or department ADA Coordinator or designee will, at your request, help you locate an impartial advocate or representative not associated with their agency. You may also receive assistance in completing the forms at the Commission on Disability Concerns/Division on Deaf and Hard of Hearing. You must also specify any other reasonable accommodation you may require in order to effectively communicate your complaint. The complaint form must be filled out completely and filed with the division or department ADA Coordinator **within 90 calendar days** from the date of the alleged discriminatory action or practice.

Once you have completed the ADA Complaint Form on the next page, follow the steps listed after the complaint form for filing your complaint. It is important for you to keep copies of your original complaint, notifications or letters you receive after meeting with the department/agency, as well as any other correspondence or other documentation that is related to your complaint, and bring those copies to all meetings, reviews, and appeals related to your complaint.



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STEPS FOR FILING YOUR Title II ADA COMPLAINT

Step 1: Fill Out and Deliver Your Complaint

Hand deliver or mail your complaint to the Department ADA Coordinator of the state agency where you believe the discrimination occurred (William Milzarski for DLEG). If you need assistance filling out the complaint form, you may request help through the Department ADA Coordinator, or through Michigan Commission on Disability Concerns/Division on Deaf and Hard of Hearing.

- a) If you need a reasonable accommodation, such as an interpreter or an alternative format, list this on your complaint form so the Department ADA Coordinator will be able to communicate effectively with you at your meeting.
- b) If the agency that you are working with has a different complaint procedure, please complete that process before continuing this process.

Step 2: Meet with the Department ADA Coordinator

- a) **Within 10 business days** after receiving your completed complaint, the department ADA coordinator will meet with you personally, or contact you by telephone.
- b) **Within 5 business days** after this meeting, a copy of your complaint, and a brief report of the outcome of your meeting, will be forwarded to the State ADA Coordinator so that office is aware a complaint has been filed.

Step 3: Resolution of Your Complaint

- a) If a **satisfactory resolution** is reached, a written agreement will be jointly developed and signed by you, the department ADA Coordinator and the director of the department/agency where the complaint was filed. The agreement of resolution will be issued to you within **10 business days**. The written agreement will include:
 - 1) A description of the complaint;
 - 2) A finding of facts from the investigation of the complaint;
 - 3) A description of how the complaint will be resolved;
 - 4) When the complaint will be resolved;
 - 5) An assurance that the department/agency will follow the specific terms of the agreement.
- b) If the department/agency is **unable to resolve** the complaint with you, you will be notified of this non-resolution **within 10 business days**. The notification will include:
 - 1) A description of the complaint;
 - 2) A summary of any resolution proposed;
 - 3) A statement addressing the issues that were not resolved at the meeting.

Step 4: Request for Review by the Michigan Department of Civil Rights

If a satisfactory resolution is not reached through the department/agency, you may then request a review of your complaint (appeal) by the Michigan Department of Civil Rights. Your request for review must be made **within 10 business days** after you receive your notification of non-resolution. *This appeal must include a copy of your original complaint, as well as documentation from Step 3 b) failure to resolve your complaint at the department/agency level.*

Your request for review must be filed on the attached form.



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REQUEST FOR REVIEW OF DEPARTMENT ADA COMPLAINT DECISION

Name:

Mailing Address:

Telephone (work)_____ (fax)_____

State Department/Agency complaint is with:

Detailed Statement of the Reason(s) for Your Request for Review of the
Decision Regarding Your Complaint:

NOTE: You MUST include a copy of your original complaint, as well as documentation of the results of your meetings with the department/agency coordinator, in order for this appeal to be considered by Michigan Department of Civil Rights.

Signature

Date